

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044063

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED NOV 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

2000 Longfellow

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

2000 Longfellow

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Mary

Middle

Carpenter

Last

4. DATE  
OF  
DEATH

Month

Day

Year

Nov. 8, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/26/1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Finisher

## 10b. KIND OF BUSINESS OR INDUSTRY

Dry Goods

## 11. BIRTHPLACE (City and state or country)

Freeberg Ill

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Edmond D. Carpenter

## 13b. MOTHER'S MAIDEN NAME

Mary Buckley

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mary Carpenter 2000 Longfellow

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma left breast with 2 yrs metastases to lungs and spine

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

170X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Sept. 5, 1961

to Nov. 8, 1962

and last saw her

live on

Nov. 2, 1962

Death occurred at

1:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hugo F. Bergman M.D.

## 22b. ADDRESS

3220 Washington

## 22c. DATE SIGNED

11/9/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Nov. 12, 62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary

## 23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

E.J. Schnur 3125 Lafayette

## 25. DATE RECD. BY LOCAL REG.

NOV 9 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith. M.D. ✓

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1

2 21

3

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13

90

USE BLACK INK  
OR  
TYPEWRITER RIBBON

H. Bergman 1720 West.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.